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THE TORONTO MUNICIPAL DENTAL CLINIC*

On February the 10th, 1913, Dr. Margaret Donald Gordon began to work in the first free Municipal Dental Clinic in Canada. The patients were selected by Dr. W. H. Doherty, the Dental Inspector of Public Schools, and were accompanied to the Clinic by Miss Jamieson, one of the pioneer nurses of the Medical Inspection Staff of the City of Toronto. The patients came from the Hester How School. Such was the modest opening of one of the great things that promises so much to the young children of the poor of the city of Toronto.

The Clinic is located at No. 468 Yonge Street, corner of Grenville, one block north of College Street, and very convenient, as it is a very central location. This is necessary as the patients in a Clinic like this come from all over the city.

The rooms are on the first floor up and are three in number. There are two operating rooms, one with two chairs, and another with one chair, while the other is a reception room for the patients. These rooms are very bright, airy and clean, and present a splendid appearance.

The Clinic is under the control of the Medical Health Officer of Toronto, Dr. Chas. J. Hastings. I am responsible to him for the proper managing of the Clinic. We are open for work from 9 a.m. to 4.30 p.m. We have a seven-hour day the same as all through the Medical Health Department of the city of Toronto. The morning operators are on duty from 9 a.m. to 12.30 p.m., the afternoon operators from 1 p.m. to 4.30 p.m. The nurse is on duty from 9 a.m. to 5 p.m., with one hour for lunch.

The equipment consists of three very complete dental chairs, cabinets and electric engines, all in white enamel. We have fountain cuspidors, a compressed air outfit to every chair, electric water heaters and spray bottles, and all the instruments necessary for the insertion of amalgam and cement fillings, treatment of diseased teeth and gums, insertion of procelain crowns, and the extraction of teeth with both local and general anaesthetics. There are electric and formaldehyde sterilizers. There is also a laboratory bench with an electric lathe which serves the twofold purpose of pumping air and doing what grinding we need in laboratory work.

*By J. A. Bothwell, D.D.S. Superintendent.

For filling purposes we use amalgam and cement. When the color can be found satisfactory, we use the Ash ready made porcelain crown for crown work, and if not, we use some other make of ready-to-wear crown.

We stick very closely to Novocain for local anaesthetic and Somnoform for general anaesthetic. All the drugs that we use are kept in large quantities on the supply shelves.

We work only for children. To a large extent the patients are of foreign birth or foreign extraction. We have a few purely Canadian-born. Only those children whose parents are unable to pay for the services of a dentist are admitted as patients. Patients come on the recommendation of the School Nurse or some other responsible party. The nurse must first get the consent of the parents to have the work done. She must also investigate each case to find out whether the parents or guardians are able to pay for dental services. To do this we provide her with a printed form which she fills out. On this form are questions such as :—

Parents' name .....
Address .....
How many in family .....
Average weekly income .....
Rent paid .....
Is father alive? .....
Remarks .....
References:—
Family physician .....
School principal .....
School nurse .....
Medical inspector .....

On the other side of the form is an application signed by the parent to have the work done at the Free Dental Clinic. If the patient meets the qualifications required, the necessary work is proceeded with, and completed as rapidly as possible.

The work is carried on as systematically as is possible. Each operator has his own appointment book, and works for all his patients by appointment. Each day a few minutes are reserved for emergency cases of toothache. One day a week is devoted entirely to extraction. We see on an average of from twenty to twenty-five patients every day and from thirty to fifty on extraction day. It depends to a large extent on the age of the children how many can be seen on the latter day.

During the ten months we have been going, six cases of abscess with fistula on the outside of face have presented themselves for treatment. Three of these the staff have handled at the Hospital for

Sick Children under a general anaesthetic. Two were treated at the Clinic and one has yet to be treated.

We accomplished a good deal of work during the ten months we have been in operation. The following figures are interesting:—

Number of extractions	4,526
Number of treatments	3,413
Number of fillings	5,405
Number of finished cases	1,218
Number of Somnoform	101
Number of local anaesthetic	264
Number of crowns	12

A number of patients had some work done and did not return to have it completed. This number amounts to about one hundred and fifty.

FIRST ANNUAL REPORT.

In the early part of the year it took considerable time to get the Civic Dental Clinic running smoothly. Now everything is running along very well indeed.

During the last three months the whole staff has been very much crowded with work. Besides the amount of work that comes directly from the public schools, where they have their regular inspection, we have had many requests from parents, from hospitals, from two orphanages, and from two other charitable institutions. One institution alone had ninety patients that needed treatment.

The capacity of our Clinic is approximately one hundred and twenty-five to one hundred and fifty patients per month. This means that a great deal of work must wait until more accommodation is provided.

Many hours' overtime have been spent by the staff as a result of the pressing of the people for treatment. This condition can only be alleviated by establishing more Clinics, or the enlarging of the Central Clinic by finding larger quarters. I would strongly recommend the establishing of a Clinic in the East End and one in the West, with, if possible, three chairs each.

This may seem a big request, but I am very sure with what I see and know of the situation, that these two Clinics would very soon become overcrowded just as the present one has. It only needs for their location to become known. Those who have figured this problem out in dollars and cents tell us that the establishing of these Clinics will soon pay for themselves in the taxes saved. If this is true, and I believe it is, the establishing of more Clinics would be a wise move. It means to the poor child less pain, better health, more regular school attendance, and in the end, fewer years at school.

During the year we have had six very interesting cases of children with abscesses of the teeth running pus on the outside of the face.

Three of these cases were sent to the Hospital for Sick Children, where I operated under a general anaesthetic, extracting the offending tooth in each case, and curetted the bone where necrosis had set in.

The other cases had no necrosis and were attended to at the Clinic. Two of these cases were referred from the Hospital to us for treatment. The result in every case was fine.

The suffering these children must have undergone while the abscesses were forming and pointing, must have been very great. Now many more such cases are prevented by proper attention before they reach the abscess stage.

We feel that these six cases alone have almost warranted the establishment and continuation of the Civic Dental Clinic.

SOME IMPRESSIONS OF A TRIP TO CHICAGO AND ROCHESTER*

The annual Congress of Surgeons of North America was held in 1913, at Chicago, in the State of Illinois. This Congress is open to all surgeons, or would-be surgeons like myself, and others who are in good standing in their community.

After a long journey by the C.P.R. by way of Toronto and Detroit, leaving Ottawa at 10.45 p.m., one arrives 24 hours later at the same hour in Chicago. The headquarters of the Association in Chicago were at the La Salle, one of Chicago's best hotels. This splendid hostelry is named after La Salle, who, as you will recall, was a great explorer, and the first to discover the Great Lakes and the Mississippi in 1682. It is somewhat comforting to realize that Chicago, notwithstanding its thrilling activity and modern rush for the millions, does sometimes give a thought to the great men who figured in the developmen of their country, and whose names passed through their history to posterity. As you know, Chicago is on Lake Michigan, and has a population of five and a half millions, being the second largest city in the United States, and has the reputation of being the great city of crime and debauchery.

Five thousand surgeons registered at the Congress which lasted six days. To each registered member were allotted tickets to obtain admission to the various clinics. Naturally the larger clinics such as Murphy's and Oehsner's were always crowded, and one could not always gain admission. It is not my intention in these short remarks to describe to you all of the hospitals that I have been fortunate enough to visit, I shall only try to transmit to you, if you will hear me patiently, some of the observations that I have made at the larger clinics. I must say that I am very sorry that I did not know before that I would have had the pleasure of addressing you, for then I would have made it a point to observe especially from a nurse's standpoint the methods in use in the various hospitals. This would have been more

*By Dr. R. E. Valin, Ottawa.

entertaining than the remarks I am about to make. But then, I say, how could I have done so, when it took all my time to obtain some knowledge that could be profitable to myself. However, I know that your profession and mine are so intimately connected that whatever concerns the physician can not help but interest the nurse. Let us start at the Mercy Hospital, which is on Prairie Avenue, on the north side of Chicago, a hospital of some four hundred beds, part of which is up-to-date, with all modern equipment, and part of which is old and open to much improvement. This hospital is conducted by the Sisters of Mercy, and they proved to be most obliging and devoted. Like all hospitals I have ever visited which are conducted by religious communities, order and cleanliness reign supreme. The medical staff of the hospital is composed almost entirely of Protestant physicians. The chief surgeon attached to this hospital is Dr. G. B. Murphy of world-wide repute. Dr. Murphy has three clinics a week, starting his operations at nine a.m. and going on until late in the afternoon. He is a man of original thought, probably the most original and independent thinker in the surgical world to-day. His ideas are original, his speech is original, his technique in his surgical work is also very characteristic of himself. He has a particular way of impressing his hearers that inevitably leaves the desired impression, namely, having others share his conviction. After Dr. Murphy was called the Murphy button, with which you are undoubtedly familiar, as you have seen it used during your operating-room training. It is used in intestinal anastomosis. I must say that it is now somewhat discarded as anastomoses are now made with continuous sutures.

Dr. Murphy has acquired fame of late years for his wonderful work in the surgical treatment of bones, such as fractures and osteomyelitis. He is probably the greatest believer in and advocate of asepsis and antisepsis in the surgical sphere to-day. In his operations upon bones he seldom, if ever, touches any of the parts with his gloved fingers, doing all his manipulations with instruments which he devised himself for that purpose. Dr. Murphy claims that the success in bone surgery depends upon the degree of asepsis one makes use of in his work.

Dr. Murphy has attained a great reputation, which he well deserves, for his bone transplantation in the treatment of un-united fractures. With the aid of an electric saw, which we are fortunate enough to possess now in this hospital, he will remove a bone graft from the shaft of the tibia, and imbed it in a groove, which he chisels out from the ends of the fractured bones. This graft acts as a splint, and is gradually absorbed, giving a most perfect result, and thereby, according to his claim, reducing to a minimum the percentage of un-united fractures.

He follows out these cases with a series of X-ray plates, showing

the different processes of ossification, and in his clinics these plates are exhibited through trans-illuminators. Contrary to our practice he will never completely immobilize a fractured limb, except in the neighborhood of a joint. Now this is a very strange procedure, but his explanation is so logical that it cannot but appeal to all. His contention is that one never sees a case of un-united fracture in dogs. Why? Because of the constant irritation of the fractured ends, by rubbing together, bone formation is stimulated, and there is always a firm union, although there may be deformity.

In applying this same lesson to the human being, fracture into a joint must be immobilized completely, otherwise one will have complete ossification of that joint, the very thing he is trying to avoid, whereas fractures of the shaft must have some passive movements to prevent non-union.

These principles revolutionize the whole adopted teaching of a few years ago, or even of the present day. Even to-day, in this very hospital, the very opposite of what I have just described to you is the everyday routine, and naturally we meet, very frequently, with cases of un-united fractures.

I must also make mention of a little stunt of his in the treatment of fractures of the head of the femur—namely, the introduction of two ordinary wire nails through the great trochanter.

Dr. Murphy is, to-day, the greatest surgeon in North America, and still more, the best and most profound teacher. Time flies in his clinics, as one is sharing his great conception of modern surgery. I should not, in justice to him, say modern, but rather logical, treatment of surgical diseases.

Every contention of his is corroborated by actual facts. Case after case, pre and post operation, are shown to corroborate his statements. I must admit he has a most complete staff of associate surgeons who are giving him the greatest assistance, and to them also must be given a great deal of credit.

Dr. Murphy is a great talker, talking constantly before, during, and after an operation. His talk, nevertheless, is always apropos, and one never feels tired of listening. Photographs of his operations, i.e., during some important stage of an original operation, are frequently taken. His head nurse, a sister, is most competent. What is most remarkable about her is the quickness with which she carries out any orders given her by the operator. Being quick in her actions, for a surgical nurse, in my mind has always been a nurse's greatest attribute. This has been borne out to the fullest extent in all my observations, and still more so in the Mayo clinic, about which I shall say a few words later on.

While speaking of nurses, I must say that Dr. Murphy's head nurse has the reputation, of which she is very proud, of never having

left a sponge in the abdominal cavity. Very few nurses, who have had considerable experience as an operating room nurse, can say as much. I have been told that Dr. Murphy's wife takes a very deep interest in her husband's work. She keeps charts of all his cases, knowing all his patients, and often recalling to him years afterwards, when old patients come to him again, the nature of their last trouble, as well as the surgical procedure which was last practised. As there is a moral to all our actions, good or bad, the one I believe to be drawn from the actions of this great surgeon's wife, is that all medical men's wives should adopt her principles and attempt to do likewise. If it is ever your bad fortune to share your lot with one of those saviours of humanity, called physicians, it is to be hoped you will recall the little incident I have just mentioned.

While at the Mercy Hospital I had the pleasure of seeing Dr. A. Lane, the great London surgeon, who performed an ilio-segmordastomy upon the Duchess of Connaught, perform an operation upon an un-united fracture of the femur, and the application of the plate which bears his name, i.e., Lane's plate, which Dr. Murphy takes great delight in criticizing. That day the greatest celebrities in the surgical world were present on the floor of the amphitheatre, and it was indeed a great day. Dr. Lane's asepsis is perfect. He never touches any part of the operating field with his fingers. He makes awful incisions and works very rapidly and with a sangfroid characteristic of the Anglo-Saxon.

The next greatest clinic in Chicago is Ochsner's, at the Augustana Hospital.

Great as was my surprise and admiration for Dr. Murphy, my disappointment at the Ochsner clinic was proportionate. Although a great teacher, Dr. Ochsner's operative technique is very faulty. He could attend this hospital and witness some of the work done here and be quite edified. He operates without gloves or face or head mask, and the disinfection of his hands from one case to another is sometimes altogether overlooked. But, notwithstanding this, I saw some very interesting work done there, and among others the treatment of Nevus with CO_2 snow.

I might go on indefinitely in the description of the various clinics which I visited during the ten days I spent in Chicago, but I would only be abusing your goodwill and patience.

I shall now devote a few moments to a short visit I made to Rochester, in the State of Minnesota, to attend the Mayo clinics.

Rochester, a small town of six thousand inhabitants, lies south of Winnipeg, and is twelve hours' run from Chicago. It is a hospital town. The four leading hotels are the property of the Mayo Bros., and about a third of the private residences have signs of rooms to let, i.e., for convalescents. Every train coming to Rochester is loaded

with patients, coming to be relieved of some ailment by means of a surgical procedure, at the hands of, probably, the most skilful surgeons living to-day.

There is a surgical atmosphere about Rochester which soon makes one a decided and lifelong admirer of the Mayo Bros.

Every patient that you meet praises them most highly, and, in the patients' estimation, they are considered as demigods.

After one investigates their methods and their surgical work, as well as the results they obtain, one soon understands the reason of their widespread reputation and their continued success.

I believe that nowhere on earth is there such a large clinic as that at Rochester. Everything is done in a systematic and scientific way. There is no secrecy about their methods—a logical reason for every step in an operation is given. While the wound is being closed up by the assistants, the head surgeon will give a short discourse on the operation, taking up differential diagnosis, etc.

The Mayos have their offices down in the business section of the town. They occupy the ground floor of a whole block, fronting on four streets. They have a staff of about forty-five surgeons.

As patients present themelves they are submitted to a most thorough examination, which is always done as a routine thing—from the oculist to the aurist, to the physician, to the pathologist, to the X-ray department, to the cystoscopic department, etc. A diagnosis is made, the patient's means are enquired into, and the fee decided upon, and then, and then only, is the patient sent to the hospital for surgical treatment.

A story is told of a millionaire's daughter who had been very successfully operated upon by William Mayo. The young girl's father, being so pleased with the result, to show his gratitude, as soon as the girl reached her home, sent a cheque for $1,500.00. William Mayo very thankfully acknowledged receipt for $1,500.00 on account, reminding the grateful millionaire that a small balance of $1,500.00 remained unpaid.

Their success depends considerably upon their selecting their cases. Cases they know will not give favorable results are turned away. In that way they have a percentage of cures which, at first, seems exceedingly high, but when one considers their exceptional skill one soon understands it. And another reason why they select their cases is that their reputation is made from patient to patient, and a poor result, we all know, is a poor advertisement. Their hospital, which contains about 300 beds, is conducted by Franciscan nuns. Their operations start at 8 a.m. and run until 1 p.m. They have five adjoining operating rooms, much smaller than ours, and all in use every morning. A sister is in charge of each operating room, and one nurse who is not scrubbed up. There are only two nurses for each room, but each oper-

ator has three assistants besides the anaesthetist. In each room there are six or seven operations each morning. There are never less than thirty operations a morning. Their biggest operation seldom exceeds half an hour. Most of their cases are chronic, and patients walk up to the operating room and are not taken on a carriage, like most places. Their hands and feet are strapped to the table, thereby eliminating the necessity of having an orderly at hand to hold them down during the struggling stage. The anaesthetic is given while the patient is being scrubbed up. Nurses are employed as anaesthetists, and they are most competent.

The advantage claimed for a nurse anaesthetist is that she is interested, not in the operation, as a medical man would naturally be, but only in her own work. It eliminates, also, the disagreeable habit of a man anaesthetist passing remarks upon the operator and the operation. In that way a nurse, naturally, becomes most proficient and most careful, and accidents are almost unknown in their clinic. I believe the idea is a splendid one and should be put into practice here in this hospital. Many of you nurses could take it up as a special work, and I am sure you could accomplish much in this line and in such work. It would not only be preferable to private nursing, but would be doubly remunerative for you. It would open up a new sphere for the nurse, and one for which she is quite suited.

One thing about their anaesthetics, which particularly interested me, was the flow of language which the nurse always made use of to anaesthetize her patient. One would believe she was talking him to sleep, the object being to keep his attention off the preparations which are being made around him, and thereby induce anaesthesia more rapidly. A nurse is most suitable for this purpose. There are five leading surgeons at the Mayo Clinics—Dr. Charles Mayo, Dr. William Mayo, Dr. Judd, a brother-in-law; Dr. Bulfour, a son-in-law; Dr. Beckman. So you see it is a real family compact.

To me, all appeared of equal superlative ability. Operations are performed in the neatest, quickest, and most systematic way. Extensive resections of bowel and stomach, with subsequent gastro-enterostomy, are done in forty-five minutes or less, and done most thoroughly. This lessens very materially the danger of operative shock, and increases, in the same proportion, the patient's chance of rapid recovery.

If it is a growth which is to be removed a special pathologist will give a report upon it inside of a few minutes, so that the operator knows exactly the extent of the operation he shall have to perform.

The Mayos are not, or at least do not appear to me as being, of the Murphy type, but they seem to have the science of putting into practice devices that others have thought out first, and doing this with an improvement upon the method of the originator.

These men are very kind to visiting surgeons, and after each case a short talk is given by the operator, and a reason for every stroke of the knife is advanced. One is particularly impressed with their dexterity, which, of course, is self-explanatory, if one considers the enormous number of cases they have operated upon. Their technique is so perfect that you cannot but be amazed at their wonderful ability.

You soon realize for yourself that their reputation is well deserved, and it is not surprising that patients from even this very city seek to obtain relief at the hands of the Mayo brothers.

There are always from thirty to forty visiting surgeons to be found in Rochester, and a surgeons' club is in existence.

Every afternoon at 3 p.m. a first assistant lectures on the after treatment of the cases operated upon during the morning, whereas, at 8 p.m., a lecture on some surgical topic is also given by a member of the hospital staff.

While there, of course, one talks surgery at the hospital, during his meals, and dreams about wonderful operations during his sleep, and becomes afterwards such a follower of their methods as to entertain with his gossip whosoever is kind enough to listen to him, as you have so kindly done.

ANNUAL MEETINGS.

At the Annual Meeting of The Canadian Society of Superintendents of Training Schools for Nurses, which will be held in Halifax, N.S., July 8th and 9th, addresses and papers upon the following subjects will be presented:—

"Preliminary Training"; "The Standard Curriculum"; "Are Our Nurse Training Schools Educative"; "Paid Teachers in our Training Schools"; "Nursing Ethics"; "The Management of the Smaller Hospital"; "The Advantages and Duties of the Supervisor in the Nurses' Residence"; "Principles Instituted by Florence Nightingale"; "Nursing in Contagious Diseases"; and "Massage."

We are also hopeful of procuring something upon nursing conditions in Labrador and in the Yukon.

There will be a Question Drawer and a Literature Table, for which a good supply of Nursing Journals and other Hospital and Nursing Literature has been promised.

It is earnestly hoped that there will be a large attendance at this meeting. Will not the members from the Western Provinces, as well as a large delegation from Ontario and Quebec, come to participate in this convention, and thereby bring enthusiasm and inspiration to our workers in the various Training Schools of the Maritime Provinces? This is a special privilege, too, for the Superintendents of these Training Schools, and will they not all show their interest and appreciation by coming to Halifax to give and to get helpful ideas in this conven-

tion, the first of its kind ever held in the Maritime Provinces? Let us unitedly strive to make it a Canadian Society in the broadest sense, with representation from every Province.

The sessions of this convention will be immediately followed by those of The Canadian National Association of Trained Nurses in the same building on July 10th and 11th. On Sunday the 12th, a special mass meeting will be held.

On July 13th and 14th the Canadian Association for the Prevention of Tuberculosis will also meet in annual convention in Halifax. So an interesting and profitable week is thus promised to all who will avail themselves of the opportunity.

As was announced in the April issue of The Canadian Nurse, splendid rates have been obtained on the railway. All delegates will pay one single first-class fare, plus one-third, for Halifax, and procure a Standard Convention Certificate. These tickets with certificates can be procured at any starting point from July 4th to 10th inclusive. The certificate will be honored at Halifax until July 18th, and tickets will there be given for continuous return passage. Delegates must not fail to procure the Standard Certificate when buying tickets for Halifax for of course without such certificate no reduction can be procured.

Hotels, with rates, are as follows :

"The Queen"—$2.50 to $4.00 per day for single rooms, 10% discount for double rooms.

"The Halifax"—$3.00 and upwards per day.

"The King Edward"—$2.50 to $3.50 per day.

"The Carleton"—$2.00 per day.

"The Birchdale"—$2.00 per day.

It will be more satisfactory if delegates to both of our conventions will make their own hotel reservations a few days before coming to Halifax. They will thus be sure of better accommodation during the busy tourist season.

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES

Toronto, April 6, 1914.

To the Editor of The Canadian Nurse:

Kindly allow me to present for publication in the May issue of "The Canadian Nurse" a short sketch of the program for the annual meeting of The Canadian National Association of Trained Nurses, which will be held in Halifax, N.S., July 10th and 11th, 1914.

The program has been divided into sections:

1st. The morning session, July 10th, will be devoted to Addresses, Reports, and Elections.

2nd. "The Public Health" Section, at 2.30 p.m., con-

sists of short papers, with five-minute discussions, on the following subjects: The Victorian Order of Nurses, School Nursing, Tuberculosis, Child Welfare, Hospital Social Service, Army Nursing, Dental Nursing, Insurance Nursing, and Commercial Welfare Work.

Among the contributors we are pleased to include such able speakers as Dr. W. H. Hattie, the new Provincial Health Officer for Nova Scotia, on "Tuberculosis," and Dr. Frankel, of the Nursing Service of the Metropolitan Life Insurance Company, of New York, who has kindly consented to give us a report of the Canadian branch of the company.

3rd. "The Private Nurse" Section. "The Qualifications of the Successful Private Nurse" will be skilfully handled by Miss Clint, of Montreal. "Nurses' Clubs" and "Registries" will each bring forth interesting papers. "The Menace of the Short Term and Correspondence Schools" should appeal to all hospital graduates. And we feel sure a paper on "The Value of the Practical Nurse," by Miss Davis, Mutual Benefit Association, Brattleboro, Vt., deals with a subject that the trained nurse can not afford to ignore, and will be all the more interesting in view of the fact that this subject is soon to be placed before the Toronto Nurses.

4th. "Registration" Section includes a resume of what is being done and what has been accomplished regarding "Registration" in all the provinces of the Dominion.

"The Status of Nurses in Great Britain" we hope to have presented by an interested member of the profession in London, England.

And a report of "What Legal Rights a Nurse can Demand" completes a program which the committee feels should be of interest to all members of the nursing profession.

When we consider the interest the Nurses of the Western Provinces and the Maritime Provinces are evincing, one Association in the far West sending no less than three delegates, and the others considering the question, surely our own Province will make a special effort to urge every member of the profession to attend. The splendid railway arrangements are an added inducement.

Agnes W. Paffard,
Convener of Program Committee.

The following arrangements have been authorized, viz.: Subject to acceptance by applicants, lowest one way first class fare and one-third, plus twenty-five cents, on certificate plan, regardless of numbers in attendance, the twenty-five cents to be collected by special agent at the time certificates are validated. Going tickets and standard convention certificates to be issued to Halifax, N.S., July 4-10th, inclusive, to be honored at Halifax until July 18th, for continuous passage tickets

through to original starting point, via direct route, the return limit being extended to enable the delegates to also attend meetings of the Canadian Anti-Tuberculosis Association, July 14-15th.

G. H. Webster, Secretary,
Eastern Canadian Passenger Association, Montreal.

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE.

At the Annual Meeting of the Canadian National Association of Trained Nurses, it will be decided what part Canada will play in connection with the International Memorial to Florence Nightingale.

Our readers will remember that at the last meeting of the International Council of Nurses in Cologne, it was decided to establish an International Memorial to Florence Nightingale in the form of a Chair of Nursing in a University in her native land.

Each country will send its contribution to San Francisco to be presented to the President of the International Council, Miss Goodrich, at the triennial meeting in 1915.

It is hoped that all delegates will come to the National meeting in Halifax in July, 1914, prepared to make suggestions as to the best way to collect the offerings of the Canadian nurses for this memorial to the beloved mother of Trained Nursing. M. Ard. M.

REGISTRATION.

Miss K. A. Cotter, President of the Manitoba Association of Graduate Nurses, gives the following information for the benefit of those concerned, in the March number of the Nurses' Alumnae Journal of Winnipeg General Hospital:

"Many inquiries are being made from all quarters regarding the method of procedure, now that we in Manitoba have a law respecting Registered Nurses. The preamble of the Act will doubtless convey to you the 'ideal' the Manitoba Association of Graduate Nurses had before them: 'Whereas the profession of nursing the sick is extensively practised in the Province of Manitoba, and it is expedient for the protection of the public that a certain standard of qualifications should be required of each practitioner of the said profession, and a certain measure of protection should be afforded to such practitioner possessing the said qualifications,' etc. The Act as passed does not make provision for the other Provinces, but the M.A.G.N. have that question under consideration, and doubtless ere long that problem will be solved. The Act was assented to February 15, 1913, and came into force at that time, and makes provision for all nurses who had practised the profession of nursing in the Province of Manitoba at least one year previous to the passing of the Act. The Registrar of the University of Manitoba was appointed as the one to whom all applications for regis-

tration should be made. The application blanks call for a letter from the Lady Superintendent of the Hospital where trained, two letters from practising physicians in the Province of Manitoba, and accompanying these the original or certified copy of diploma obtained at graduation. For those nurses who are 'unfortunate' enough not to have graduated previous to 1912, the Act requires that the University of Manitoba shall make provision for all examinations and examiners. The first examination is set for September, 1914, and will be conducted at the University in Winnipeg. The By-Laws of the Association have set the fee for registration at ten dollars, and upon being approved by the Registrar of the University and passed by the Board of Managers of the M.A.G.N., and upon payment of fee, Certificate of Registration will be issued by the M.A.G.N., the Secretary of which is Mrs. W. J. Hill, 360 Oakwood Avenue, Winnipeg. Application blanks will be furnished on application by Mr. W. J. Spence, University Registrar, or Mrs. Hill."

Colorado Nursing News has the following on State Registration: "Who has not heard the question: "Of what use is registration to me?" Registration has benefited and elevated the whole profession, and what benefits the whole benefits the individual; but to get gold out, one must put gold in. State registration is of vital importance, not only to the graduate nurse but to the public, to the hospital and to the pupil. Registration is the only way the public can be protected in its rights, and it has raised the standard of the training schools.

All of the laws have their weak places; laws cannot put the unethical nurse out of existence; they cannot make good nurses nor honorable women; they cannot change the character of the nurse; but they can expose the nurses who sail under false colors and who claim to be trained when they are not.

Colorado has a compulsory law, and no nurse has a right to practice as a trained graduate nurse unless she is registered by the State Board of Nurse Examiners.

Over fifteen hundred nurses have been registered in Colorado."

New Brunswick

At a special meeting of the St. John Graduate Nurses' Association, held at Miss Hegan's Private Hospital, St. John, N.B., it was decided to change the name to The New Brunswick Graduate Nurses' Association. It was also decided to apply to The Canadian National Association of Trained Nurses for affiliation.

CORRESPONDENCE

Toronto, March 21st, 1913.

Dr. Groves, 30 Brunswick Ave.
Royal Alexandra Hospital,

Dear Sir:—

I have been instructed by the Executive of the Graduate Nurses' Association of Ontario to send you a copy of the Resolution which was passed unanimously by that committee at the meeting held March 20th, 1913.

"Resolved that the Executive of the Graduate Nurses' Association of Ontario disapproves of pupil nurses being sent out by the hospitals to do private nursing during their training as it is unfair to the pupils themselves, and also to the graduate nurses."

Yours truly,

Jessie Cooper,
Cor. Secy.

Fergus, Ontario, April 2, 1913

Miss Jessie Cooper,
Sec. Graduate Nurses' Association of Ontario, Toronto.

Dear Madam:—

I beg to acknowledge receipt of your letter, including copy of resolution of committee.

Permit me to say that I differ totally with the opinion of the Executive as expressed in the resolution in so far as it refers to the sending out of pupil nurses. I protest most strongly against the statement that "it is unfair to the pupils themselves," because, to put it mildly, the statement is absolutely contrary to the fact so far as this hospital is concerned. A foundation of truth would add stability even to resolutions of the Executive of the Graduate Nurses' Association of Ontario. I recognize how serious a thing it is for this hospital when the Executive of the Graduate Nurses' Association of Ontario "disapproves" of our method of doing our own business, but we must make allowance considering that the Graduate Nurses' Association of Ontario is a rather juvenile institution, with all that that implies. When time has broadened their knowledge and matured their judgment they may not be so ready to express their disapproval, before their opinion is asked, concerning the doings of others who are striving in their own way to do their own work even if they do not choose to be governed and directed by such an august body as the Executive of the Nurses' Association of Ontario.

Very truly yours,

A. Groves.

Toronto, October 9th, 1913.
30 Brunswick Ave.

Dr. Groves,
Royal Alexandra Hospital, Fergus, Ont.

Dear Dr. Groves:—

The Executive of the Graduate Nurses' Association of Ontario wish respectfully to draw your attention to Article iii. of the By-Laws of the Association in marked copy enclosed, and request you not to use any longer on your reports and forms used in connection with the training school for nurses of your hospital the statement: "Graduates of this school are eligible for membership in the Ontario Association of Nurses." I am,

Very truly yours,
Jessie Cooper,
Cor. Secy.

Fergus, Ontario, Nov. 3rd, 1913.

Miss Jessie Cooper,
Coresponding Secretary, Graduate Nurses' Association of Ontario.
Toronto, Ontario.

Dear Miss Cooper:—

Your letter of October 8th was received, but while it is nice not to be forgotten, I do not see in what way the admonition and request of the Executive of the Graduate Nurses' Association can apply or ought to be directed to the Royal Alexandra Hospital or to its training school for nurses. So far as I know we have never used the name of your Association on anything connected with our training school. On the contrary we try to make it very clear that our graduates are entirely free and independent of any union or association. Ours is indeed a small hospital and young, but then the Executive of the Graduate Nurses' Association of Ontario was once young itself. It might have indeed exerted a sort of maternal supervision of us during our infancy, but your Association in its wisdom thought otherwise. It would not wish to be contaminated by graduates from a small hospital.

The crime of being connected with a small hospital is one to which we must plead guilty, but time will shrive us of that sin for this hospital is growing rapidly. As yet amongst hospitals we are as one of the little children and on that account are cast into outer darkness. For how could there be light where your executive was not. Once, however, there was a Teacher who differed from you in that He cared for the weak and lowly and suffered the little children to come to Him, even taking them in His arms. He would not have spurned a sister nurse because she was trained in a hospital with only twenty-four beds, all filled, but then He never sat at the feet of the Executive of the Ontario Graduate Nurses' Association, where He might have learn-

ed wisdom and the worship of the big interests. He scorned not those of low estate and even in the case of a grievous sinner His "Neither do I condemn thee" has rung down through all the ages as the voice of infinite justice until it struck the adamantine rock of your Executive and, there repulsed, became to their ears the false and failing echo of a voice which dared to speak before your incorporation.

You speak of yourselves as the "Graduate Nurses' Association of Ontario," which is true, in the same sense, as was the petition of the nine tailors of Tooley Street, which began: "We the people of England," but it is true in no other sense. Had your Association desired accuracy and strict adherence to truth you would have named yourselves "An Association of some of the Graduate Nurses of some of the Training Schools of Ontario." That would have been truth, but it would not have been so impressive.

I am,

Yours very sincerely,

A. Groves.

Toronto, November 28th, 1913.

Dr. Groves, 30 Brunswick Ave.

Royal Alexandra Hospital, Fergus, Ont.

Dear Dr. Groves:—

At the regular monthly meeting of the Graduate Nurses' Association of Ontario, held November 27th, 1913, the curriculum of your training school and letter were placed before the committee, and according to their constitution the graduates of your school are not eligible for membership in the Graduate Nurses' Association of Ontario.

Your very truly,

Jessie Cooper,

Cor. Secy.

Fergus, Ontario, Dec. 29, 1913.

Miss Jessie Cooper,

Corresponding Secretary Graduate Nurses' Association of Ontario.

Dear Miss Cooper:—

I see in your letter of December 1st that your Association decided as to the eligibility of graduates of this training school for membership in your Association and you mention that the curriculum of this school was placed before the committee, but so far as I am aware there was no request made by this hospital or its training school to have its graduates declared eligible for membership in your Association, and it struck me as unusual, for ladies, I believe, are not in the habit of giving either a negative or affirmative answer before they are asked. However, in this advanced and forward age, old-fashioned

formalities appear sometimes to be burdensome in spite of their being dignified and ladylike.

In so far as your Association aims at high and noble things and does its work in that broad spirit of charity which can say to an erring sister "Neither do I condemn thee" even though she had been guilty of the heinous crime of graduating from a small school, I wish you every success. Time will give your Association age, age will give experience and experience reflection from which by slow and weary steps will come wisdom, which is the forerunner of humility. In this age when mere bigness covers every sin, one can hardly wonder at your being infatuated with the big training school. Time will cure that weakness as it does measles and other childish things. Seriously, I wish you and the Graduate Nurses' Association a happy and prosperous New Year. Sincerely yours, A. Groves.

The Royal Alexandra Training School for Nurses gives a thorough course in all branches of Theoretical and Practical Nursing. The Course covers a period of three years, and graduates of this school are eligible for membership in the Ontario Association of Nurses.—From the Eighth Annual Report of the Royal Alexandra Hospital, Fergus, Ont.

Mrs. Bowman, Superintendent of the B. & W. Hospital, Berlin, Ont., wishes to thank those Superintendents who have kindly responded to her request for a Picture Post Card of their Institutions. She requests that those who have not yet responded will kindly do so. These cards are to be mounted and will be on exhibition on the Literature Table at the Convention.

THE AMERICAN NURSES' ASSOCIATION.

This Association holds its Annual Meeting this year on April 23-29 at St. Louis. The League for Nursing Education and the National Organization for Public Health Nursing meet at the same time and place.

The tentative programs of the American Nurses' Association and of the National Organization for Public Health Nursing are published in the March number of *The Pacific Coast Journal of Nursing* and should prove both helpful and inspiring to workers in all branches.

We note that one session is devoted to Registries. "Registries have great possibilities of professional helpfulness." "How can they be developed along business, vocational and research lines?" These are the headings which will be further elaborated. Much valuable information and many helpful suggestions will result from this discussion, just such information and help as many nurses interested in this question are eagerly looking for.

Editorial

THE CANADIAN NURSE.

"Go on, going on," was the wise and thoughtful advice given to the members of The Association of Nursing Superintendents of India by the President. *The Nursing Journal of India* says: "Does it not appeal to us as being wise and good for all those who have a purpose in their lives, a task to accomplish, a goal to reach? Does not all depend on whether they keep "going on"? Difficulties must arise, discouragements must be encountered, hope may begin to fail, but there is a remedy; in spite of all keep going on, then the difficulties will surely be overcome, the discouragements conquered, hope will revive. Let there be no turning back, not even a turning to one side, but keep going straight on, keeping the goal in view."

Yes, wise and good advice truly! It appeals to us strongly. Difficulties arise in doing anything that is really worth while, but the surmounting of the difficulties is a wholesome discipline and is sure to lead to the clarifying and broadening of one's vision, to still higher ideals, and to the exercise of greater energy and enthusiasm in striving for the realization of these ideals.

Some of this stimulating experience comes to The Canadian Nurse occasionally, sometimes in the way of helpful suggestions and practical assistance, sometimes merely as—well, as a sort of pulling to pieces, with no suggestion as to methods of improvement.

Here is one criticism from "A Western Nurse": "As a Toronto paper your little magazine no doubt does good work, or Ontario—but why 'Canadian'?"

Another, also from a Western nurse, strikes a different note: "The Canadian Nurse is simply splendid—April copy has just arrived." This last writer has helped to build up the magazine and again promises assistance. "You will hear from me very soon." The difference you see.

The Canadian Nurse welcomes criticism, has always done so, for helpful criticism furthers growth, and that spells progress. The nurses of Canada have repeatedly been asked to co-operate in building up the magazine and making it representative of all the nurses, a magazine really worth while. Many have responded. Some have not yet realized that the opportunity is theirs, the call is to them to come in and assist. That the interest is greater than ever before is a matter of encouragement, but the goal is not yet reached, not by a long way, so we will still "keep going on."

PUPIL NURSES.

The sending out of pupil nurses from the hospital to do private

nursing in the homes has been discussed in our pages before. All the leading nurse educators condemn the practice.

In November, 1913, we noted the points that had been emphasized by the Canadian Society of Superintendents of Training Schools for Nurses, though, unfortunately, that Society had not put itself on record as standing for a definite principle in the matter.

The letters appearing under "Correspondence" in this issue show that The Graduate Nurses' Association of Ontario has been trying to do something in behalf of the pupil nurses of one hospital, with what success may be gathered from a perusal of all the letters. The Association took this matter up at the request of some of its members who are graduates of this school.

Pupil nurses should not be exploited by hospitals to replenish their treasuries. These young women go to these hospitals in all good faith, for the education and training that will fit them to be worthy members of the nursing profession. Are they getting this education and this training when they are thus sent out away from supervision? We think not.

This is a serious question that calls for adjustment. Careful thought is necessary that the adjustment may be right, and wise, and just to all. All nurses should consider this question with earnest deliberation, and register a definite decision, and this decision should be impressed upon our hospital authorities so forcibly that none could afford to ignore it.

REGISTRATION IN GREAT BRITAIN.

We note in *The British Journal of Nursing* that a majority of 229 favored the introduction of the Nurses' Registration Bill for its first reading. The fact that a division was called for and the question put to the test with such encouraging results goes to prove that State Registration is not so far off for the nurses of the United Kingdom as they seemed to fear. Good, faithful, persevering work in a just cause is bound to be rewarded with success. May the success soon come!

THE MODERN HOSPITAL.

This magazine, the first number of which was published in September, 1913, is "a monthly Journal devoted to the building, equipment, and administration of Hospitals, Sanatoriums, and Allied Institutions, and to their Medical, Surgical and Nursing Services." Its scope for usefulness is thus practically unlimited.

The Editors, all men of recognized strength and leadership in Hospital affairs, are: Henry M. Hurd, Baltimore; Frederic A. Washburn, Boston; Winford H. Smith, Johns Hopkins Hospital, Baltimore; S. S. Goldwater, Mt. Sinai Hospital, New York; James G. Mumford, Clifton

Springs, New York; W. L. Babcock, Grace Hospital, Detroit; John A. Hornsby, Tower Building, Chicago. The Editorial Office is in the Monroe Building, Chicago; and the Business Office in the Metropolitan Building, St. Louis.

The Modern Hospital has opened a Department of Nursing under the Editorship of Miss Mary M. Riddle, Superintendent of Newton Hospital, Newton Tower Falls, Newton, Mass.

This appointment will give peculiar satisfaction to nurses everywhere, for Miss Riddle's high ideals, breadth of vision, and clear, sane judgment have many times been demonstrated. That the department will be ably managed and prove a source of helpfulness and strength to the profession is assured.

The Annual Convention of the Canadian National Association of Trained Nurses will be held in Halifax, N.S., early in July, 1914. An excellent programme is being prepared by the Committee which has that in hand, under the able convenership of Mrs. Paffard, and reduced rates are being arranged by the railway companies, with very generous limits.

This convention promises to be one of the best the Association has had. Halifax—"Storied Halifax"—with its beautiful setting, the land-locked harbor, the Arm and Bedford Basin, with its parks, the famous public gardens, the Citadel, the parade, and its splendid public institutions, has a peculiar fascination for those who know its history, and who will allow the charm of this capital of the "Mayflower Province" to sink into their hearts.

The Maritime Provinces take a wonderful hold on one—there, we believe, are to be found THE beauty spots of Canada, and history and romance has done much to endear to us that part of our country. To those who can tarry a while after the deliberations of the convention and explore the Land of Evangeline, the beautiful Bras d'Or Lake region in Cape Breton, the fair Annapolis and Wentworth Valleys, or take the trip up the St. John River—the Canadian Rhine—will feel they have been more than repaid and, as the summers return, unconsciously their thoughts will travel to the Provinces by the sea, with a longing to again enjoy their varied beauty.

It is hoped that every nurse who can possibly attend the conventions will do so this year. They are all needed and they need to meet with their sister nurses and deliberate on what should and what should not be done to make our profession what it should be. With the membership of the Canadian National, we should muster many hundred strong around old Citadel Hill in July, 1914.

M. A. M.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

Nursing: Care very much about the tone of your profession. A nurse must believe that nursing is the highest life possible for her—only so can she maintain the standard which the Guild puts before her for "so high and sacred an employment."

Think of Hospital Nursing. What is the ideal of a Hospital? Hospital, Hospitality, Host (or Hostess), all come from the same root and all have a common origin in Hospes, "a guest." The ideal of a Hospital is that of a Guest-House—Maison Dieu was the name of the earliest known European Hospital.

A Hospital, then, is God's Guest-House—the matron is the Hostess—the "Matrona," the "Mater," the "Mother" of the house; and like the ideal mother, she will be a "mater Misericordiae" and all that this means. The nurses are her representatives—daughters of the house, acting for the Hostess, in charge of her guests. The patients are her guests. What follow? Courtesy from each to each and from each to all; courtesy from matron to nurse, from nurse to probationer, from probationer to matron and nurse; courtesy to all the "guests," who in turn will return it, perhaps half unconsciously, to all about them.

A heavy responsibility rests upon every matron, every nurse, every probationer, to raise, maintain and hand down the tone of her Hospital as "making for the ideal." From "In Watchings Often."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on March 25th, Mrs. Tilley in the chair, and fifteen members present. There were also present representatives from each association in Toronto to discuss with the Executive the advisability of organizing a Toronto Chapter. Treasurer's report showed the bank balance to be $297.94. Two applications were received. The Nominating Committee submitted its report, and the ballot papers will be printed and mailed to members. Any members with new addresses should lose no time in reporting to the secretary. It was decided to call a mass meeting of Toronto nurses with the object of forming a Toronto Chapter. The chairman of each of the four chapters was invited to this meeting.

Those in arrears to the treasurer are reminded that only members in good standing have the privilege of voting.

The mass meeting of Toronto nurses was held on March 31st, when it was decided to organize a chapter, and a committee was appointed to nominate officers, etc. Home nursing was also discussed. A committee was appointed to gather information and report at next meeting.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

REGISTRATION.

1. The reasons impelling the nurses to ask for Registration :

Registration means that by an Act of the Provincial Legislature definite standards will be set by which all women desiring to be professional nurses must be measured.

There will probably be such clauses as the following:

A definite standard of preliminary education will be established.

A uniform length of time of training will be insisted on for all hospitals in the Province.

The curriculum of studies will be standardized—examinations on the theoretical side of nursing will be controlled by a Provincial Council.

Nurses coming to the Provinces from training schools outside of it will be required to show credentials from their own State Board of Examiners, or will be required to pass the examination of the Local Board.

No woman will be allowed to call herself a registered professional nurse who has not obtained a license to practice from the Provincial Council. To do this she must necessarily have gone through the full course of training, and passed the prescribed examinations.

No restraint is placed on the untrained woman desiring to practise.

She is simply debarred from pretending to be what she is not. There seems to be a general impression that State legislation means an attempt to exclude these women from practice. This on the face of it is impossible.

We suggest some such provision as the following in the bill: "The provisions of this bill are not active against nursing for hire by un-

trained persons, providing such persons do not style themselves Registered Nurses." This provision is to be found in the State of Maryland statute.

No doubt all nurses who have already graduated and those now in training must be allowed to register without passing any further examinations.

2. Position of the matter in other places.

At the Convention of Superintendents of Training Schools for Nurses held in May, 1911, it was decided to form a Dominion Registration Committee.

So far everything is going well, though they have not yet been able to arrive at the model bill stage. All the Provinces with the exception of New Brunswick and Prince Edward Island, have organizations working for Registration—Nova Scotia has its Graduate Nurses' Association, with excellent constitution and by-laws, and the nurses are very much alive to the need for Registration.

In Ontario the Graduate Nurses' Association has been working for a long time on their bill, and have done a good deal of work in the way of educating and enthusing the various nurses' organizations in Ontario in the subject of Registration. That fact makes the recent action of the Ontario Government in rushing through a most inadequate measure without having conferred with any members of the Association all the more puzzling.

Manitoba has got its bill enacted into law this year.

Saskatchewan has been busy and already has sent into the committee a proposed bill.

Alberta has two Associations, the Calgary and Edmonton Graduate Nurses' Associations. They have been endeavoring to unite so as to work more effectively for Registration. Probably by this time the union is an accomplished fact.

In British Columbia there are three large Associations, the Vancouver Graduate Nurses' Association, the Victoria Nurses' Club, and the New Westminster Graduate Nurses' Association. The two first-mentioned have been working for some time on Registration, and steps are now being taken to unite the three, so as to form a British Columbia Association. Meantime the constitution for the proposed Provincial Association has been drawn up and a proposed bill drafted, and all three Associations are busy raising funds to meet the expense of bringing the Registration Bill before the Legislature.

(The Graduate Nurses' Association of British Columbia held its second annual meeting on April 13-14, 1914, and has had its bill before the Provincial Legislature twice. However, it is not yet passed.—Ed.)

CHIEF SUPERINTENDENT'S ANNUAL REPORT

As our sixteenth milestone recedes and we chronicle the happenings of the year and are hurried on toward our seventeenth milestone, we cannot help but feel that the year nineteen hundred and thirteen has been a most successful one, marked by increase in work accomplished, by increased interest, and what is of still greater importance, by a broadening of our horizon. Wonderful possibilities loom up before us, not only beckoning us but urging us to still further efforts, would we fulfil the trust put upon us in the year eighteen hundred and ninety-seven?

In this report we wish to tell you some of the happenings of the year nineteen hundred and thirteen, and to put before you, for your serious consideration, suggestions for making the Victorian Order of Nurses a still more potent factor in the health and welfare campaign.

According to our records, our nurses in the districts and hospitals throughout the Dominion have cared for 38,322 patients, and the district nurses have made 281,006 visits, 9,949 of which were in response to night calls. Six hundred and fifty-seven and a half days' continuous nursing was reported and 57,690 hospital days. Analyzing and comparing these with last year's statistics, we find that 7,385 more patients were cared for, 69,466 more visits paid, 2,335 more night calls responded to, and 167½ more days' continuous nursing done, than in the year 1912.

Seventy nurses have been admitted into the Order, fourteen have returned, five are on the Reserve List, two have been dismissed and thirty-nine have resigned. The reasons for the resignations are manifold: Six have resigned to be married, four on account of ill-health, five by request, four to take up other work, twenty to pursue their profession elsewhere.

The total number of nurses in active service under the Order at the present time is two hundred and seventy, an increase of thirty-

eight during the year. They are distributed as follows: Nurses in districts, 172; nurses in hospitals, 747; nurses taking post-graduate course in Training Homes of the Order, 24; and nurses in training in the hospitals, 27.

Sixty-two visits of inspection have been made by the Chief Superintendent and twenty-six visits for organization.

Fourteen new branches have been opened, viz.: Districts at North Bay, Brockville, Hespeler, New Westminster, Steveston, Arnprior, Hawkesbury, Westmount, Cornwall and Whitby; a Country District at Roblin, Manitoba; a Lady Minto Hospital at Asheroft, B.C., and the Royal Cariboo Hospital, at Barkerville, B.C., in affiliation, and a Lady Minto Hospital will be opened at Chapleau, Ontario, this month. Besides these, a grant has been promised toward a hospital at Ganges, Salt Spring Island, which is under construction, and toward a hospital at Edson, Alberta.

Eleven branches have increased their nursing staffs during the year, viz.: Montreal, Toronto, Ottawa, North Bay, London, St. John's, Sherbrooke, Kelso, Vancouver and North Vancouver.

In all of the branches there has been a steady growth in work and interest, and never before in the history of the Order have so many letters of commendation of the nurses' services been received at the Head Office, as during the year just closed.

To dwell for a short time on the growth in some of the branches: At the Pacific Coast, Victoria is doing good work; the two nurses are kept busy and excellent work is being done in connection with child welfare.

The Vancouver Branch is growing very rapidly and is doing excellent work. We wish to mention specially their Child Welfare Work. This is one of our training centres. An excellent course of lectures was given during the year, and the city affords every facility for a broad educational course in Public Health Work, which is being taken advantage of by the Local Committee for their post-graduate students.

The many branches in the vicinity of Vancouver are all doing excellent work. A second nurse has been added to the North Vancouver staff, so that the need for nursing care in the district—Lynn Valley and Capilano—might be met.

Very good work is being done in South Vancouver. They have two nurses, and a third is to be added for the Collingwood district.

The Burnaby district has had a splendid year. They have two nurses. At Steveston, one nurse is working and is very much appreciated.

New Westminster was opened early in the year with one nurse and promises to be a good point later on.

The work in the Queen Victoria Hospital at Revelstoke, and in the Victorian Hospital at Kelso, has almost doubled.

The hospitals in the historic Cariboo country at Quesnel and Barkerville, are doing well. The new Lady Minto Hospital at Ashcroft has had a good beginning. It is a handsome little building, well-equipped, and the Board deserve every praise for the able way in which they are handling hospital affairs.

In Edmonton, there is every indication of expansion. The work has more than doubled, and a good Committee is working on the plans for a Nurses' Home. Miss Deacon, the Head Nurse, who has given every satisfaction, has received the appointment of District Superintendent at Vancouver.

Calgary has had a good year, but the growth is slow.

The Country District at Innisfail is doing well, and before long we trust to have a Nursing Home and two nurses there.

The little Hospital at Islay is holding its own. It is a difficult problem to raise the necessary funds for maintenance.

From Melfort, the reports are excellent, as always. The Hospitals at Yorkton and Indian Head are progressing favorably. The hospital at Indian Head has been improved by an addition to the building.

The Saskatoon district, which was opened a little over a year ago, is doing splendidly. The Committee is very wide-awake, and is keeping the district up-to-date.

The Winnipeg Committee reports a most successful year. They are planning to extend their territory by placing a resident nurse in the North End.

The new Country District at Roblin, Manitoba, which was opened in October, is doing splendidly. It has been started with one nurse, but the Committee is working toward a Nursing Home and two nurses. The nurse is doing the School Nursing for the district. This is very conveniently handled there, as Roblin has a splendid consolidated school.

Hospitals at North Bay and New Liskeard have had a good year.

The district at North Bay, which was opened during the year, is a great success—a second nurse has already been added to the staff.

Cobalt, Gravenhurst, Bobcaygeon, Brockville, Kingston, Stratford, Galt, Berlin, London, Dundas, Hamilton and Brantford districts have all done exceptionally well this year.

The new districts at Hespeler and Preston have had a good year, and the Committees are working with great enthusiasm.

The Toronto district has had several changes: Miss Eastwood who had been District Superintendent since the opening of the branch and had proved herself a loyal and faithful worker for the best interests of the Order, resigned, and has been succeeded by Miss Alice Touche, who is well fitted to fill the post satisfactorily. The work in Toronto has been handicapped by insufficient home accommodation,

but that is being dealt with by the Committee, and we trust that before long the Toronto branch will be in a position to cope with the great increase of work which is presenting itself. The possibilities there for good work are wonderful, and the Victorian Order can render most valuable assistance in solving all the varied problems in the public health and welfare campaign which is being carried on there.

Toronto is one of the Training Centres of the Order. The Committee have made arrangements to send their post-graduate students for three weeks to the Evangelia Settlement in order to give them an insight into that branch of Social Service Work.

The Ottawa district reports a banner year. They have a staff now of sixteen nurses. Very good work has been done in connection with the Child Welfare Work. Ottawa is a Training Centre, and arrangements are being made by the Local Committee to extend their lecture course and to give the students during their training an opportunity to observe the work in allied departments.

The hospital and district at Almonte, Ont., have had a very satisfactory year.

The Quebec branches—Montreal, Ste. Anne de Bellevue, Lachine, Grand Mere, St. John's and Iberville, Sherbrooke, Gaspe and St. Agathe—are all doing well.

Again, the growth in the St. John's and Iberville district has been splendid, and now five nurses are kept busy, 7,363 visits were paid, as against 5,436 last year.

The Daughters of the Empire, who assumed all the responsibility of the work in St. John's and Iberville for the first year, deserve great credit for their faith and for the able way in which they managed the branch. At the beginning of this year it was decided to broaden out and have the two towns—St. John's and Iberville—take the responsibility for the management. A most enthusiastic meeting was held and the branches reorganized on the broad lines indicated. That meeting was an "experience" meeting, and we wish all of you might have been present so as to have heard the many heartfelt words testifying to the services of the nurses.

The Montreal district has again made a good showing. The staff has been increased from sixty-one to seventy nurses. 128,546 visits were reported—an increase of 34,994 during the year and 5,757 of these were night calls.

In the special departments—school nursing, tuberculosis nursing, hospital social service, child welfare work, including the educative work in connection with the milk stations—very satisfactory service has been rendered.

During the year, the Westmount Committee asked for a separate V.O.N. Local Association for that city, and this has been granted. The

Committee of the new branch are very enthusiastic, and are working well to extend their usefulness.

When the Ste. Anne de Bellevue branch was opened, the King's Daughters Guild undertook the responsibility of the financing and management. The work progressed, and the nurse has been very much appreciated. At the beginning of this year, it was decided to reorganize on broad lines, and the King's Daughters handed over the management to a Local Association representing the whole community. Very great credit should be given the Guild for their enthusiastic work in connection with the district.

The branches in the Maritime Provinces are satisfactory. The St. John district has had a good year—the growth is slow but steady. It is very desirable that a Nurses' Home be established in St. John, in order that the branch may expand and that all the possibilities there may be taken advantage of.

Halifax has had a good year. The Clean Milk Station was opened in June and proved a great success. It will be reopened this Summer.

Dartmouth district, which was opened last year, has made a splendid beginning. The nurse made 1,888 visits.

Sydney again reports a satisfactory increase in number of patients and visits.

Truro, Yarmouth and Canso are keeping along with their good work.

That, in very bald terms, is a resume of the work accomplished. There is so much more in all of it than we can possibly put down in writing. Most of the greatest things in life are the ones we say least about—so with the Victorian Order of Nurses.

During the year many visits of organization and instruction have been made in connection with the Country District Nursing Scheme. As outlined before, a Model Country District includes a Nursing Home with at least two nurses—these Homes should be simple but comfortable, and should form the social centres for the various communities. In connection with the Country Nursing Scheme, the School Nursing in the rural schools will be attended to.

With the authority of the Executive Council, the offer which has been made in the various Country Districts is: That they organize, beginning with one nurse, raise what funds they can, and the Order will make up whatever deficit there may be. All Committees have been urged to work toward the Nursing Home and two nurses, and have been advised to estimate the approximate cost of building, equipping and maintaining such a Home, and to send them in to the Executive, stating what help is desired. There are still difficulties, but they are growing fewer and less formidable all the time. A great deal of edu-

cation will be necessary before the people in the country districts, as a whole, appreciate the trained nurse as a preventive factor. In this connection the method adopted by the Order in sending out a representative of the Executive to organize and instruct is particularly helpful in this branch of the work. It has been found, too, a very great help, having the sympathetic co-operation of the Women's Institutes, the Home Economics Societies, and the Home Makers' Clubs, as in those bodies of women we find organized the serious-thinking women of the rural parts of the country, who know the needs and the difficulties, and who can judge any scheme at once as to whether or not it is practicable.

In April the newly-appointed Assistant Inspector will enter on her duties. Miss Elizabeth Hall comes to this position well equipped for its duties by training and experience before and since coming into the Order. Miss Hall will do the detailed inspecting of the various branches, submitting reports of all inspections which will be kept on file at the Head Office.

The question of Training Centres has been dealt with very carefully during the year. A special report was prepared at the request of the Executive and the result was the appointing of a Special Committee on Training Centres. This Committee reported, making a number of important recommendations, chief among them being that time and opportunity be given the post-graduate students to observe work in the following departments: Child Welfare, Milk Stations, School Nursing, Associated Charities, Tuberculosis Work and Settlement Work; that the Lecture Course be extended, and that the nurses' libraries at the Training Centres be kept supplied with up-to-date books of reference on Visiting Nursing, and all Social Service Work. Again, we repeat, too much attention cannot be given to the all-important subject, the education of our nurses. We should see to it that our course is truly educative. Again, we repeat, it is very desirable that a Training Centre be established under the management and direct control of the Executive Council, for the financing of which the Central Board would be responsible, and the "raison d'etre" of which would be the education of the nurse.

We should respectfully suggest that the various Committees be urged to give special attention to Child Welfare. Many have arranged during the year for pre-natal visits, and for the following up of the babies to the end of the first year, but it is imperative that this be done in every branch, would they do their duty to the maternity patients who are nursed by the nurses of the Order. These are the two principal factors in reducing infant mortality. How can they be neglected? In this connection the importance of having well-managed Milk Stations for the educating of the mothers, wherever our nurses

are working, should not be forgotten, and the Committees of the Victorian Order should be the ones to urge on the City Fathers the need for such, and should do everything possible to have them established. The Victorian Order of Nurses does such a large part of the maternity nursing of the Dominion.

The Victorian Order Magazine has not yet taken shape, but, meantime, a very good suggestion was made by a member of the Vancouver Committee, that pamphlets be issued by the Central Office from time to time, on any special phase of Victorian Order work—e. g. on the relationship of the Order to Public Health Nursing.

If I may be permitted a few moments longer, there are several points I should like to put before you. In making my tours of the Dominion, I have been impressed with the tendency to interpret the Victorian Order on narrow lines, and it is in the hope that the representatives from the various branches may act as missionaries in their localities in correcting that tendency, that I bring this to your notice. It is around the subject of the relation of the Order to Public Health Nursing, that I shall group what I wish to say.

The activities of the Order may be divided very roughly into, first, nursing including actual nursing and instruction with a view to prevention, and, second,training of specialists in district and public health nursing. District nursing was a very simple affair at first—the nurse went in, cared for the sick one, put her room in order, and instructed those who were to be in charge between her visits, what to do, and ascertained if the proper food would be available for the patient. Then she passed on to another patient, and so on. The district nurse's horizon gradually extended, and we find the nurse taking cognizance of the sanitation, ventilation, living conditions, and general health of the rest of the household, mothering the whole family, as it were. Again the horizon extends and we find her looking after the sanitation of the city or town, which is an aggregation of homes—and with that extension, we find the changed attitude of the public, the medical and nursing professions toward the health question—which now emphasizes the preventive rather than the curative side. At the same time, and probably for the same reason as that changed attitude, we have the development of the Social Service idea. The result of these has been various specialized forms of Visiting Nurse Work, e. g. School Nursing, Tuberculosis Nursing, Child Welfare, Settlement Work, and Factory Nursing. The district nurse is necessarily a public health nurse and a Social Service Worker as well. Now, with all this extension, the Victorian Order has kept pace, and what is of the greatest importance, sixteen years ago provision was made in our Royal Charter for the training of specialists in all branches of visiting nurse work, and the Victorian Order is the only organization in Canada that is training nurses in this special line of work.

In looking over the whole field of public health nursing, we find that there is overlapping, and a lack of co-operation. What is needed is a Central Bureau, which will be the training and distributing centre for visiting nurses. Most of the organizations employing visiting nurses are organized for other purposes than training and supervising nurses—the nursing being incidental. For that reason, a Board of Health, Board of Education, the Associated Charities, an Anti-tuberculosis Association, Settlements, etc., do not desire to train nurses, nor are they the best agencies to do so, but it is absolutely necessary that nurses for this line of work should be specially trained for it.

The Victorian Order has provided for this in the Royal Charter, and it has been on that plan that the nurses have been trained and placed in our branches. Now, when a Local Association is formed in any locality, that Association is the interpreter to the locality of the broad principles of the Order, and they can be of the greatest service to the people by knowing, and pointing out to them, that the Victorian Order is the National District Nursing Association, trains specialists for all lines of public health nursing, is organized on the broadest lines, and its machinery so well arranged that they may have all the advantages which go with affiliation with such an organization, and at the same time, have practically local self-government. The Order is the broadest thing in Canada, is organized solely for the welfare of the people, and is the possession of the whole nation. For all of these reasons the Victorian Order is the ideal organization to provide the central training and distributing bureau mentioned above. The Training-Centre element would have to be very largely extended, of course, but it could be done, and would be of the greatest benefit in helping the nation to be well and happy and to remain so.

We need every Victorian Order Committee to be a missionary of those truths.

Before closing I wish to thank the Committees who have done so much for the work in their several localities, and particularly do we thank those who have borne witness to the breadth, harmony and beauty of the Order as a whole.

Again we thank our nurses for their splendid work in relieving and preventing suffering, for their loyalty to their profession, and hence to the Order. The various struggles and triumphs, the many acts of self-abnegation have not been recorded. We know, however, that there were and always will be such, but we must be content to leave them with the beautiful, unrecorded things.

All of which is respectfully submitted,

(Signed.) Mary Ard. MacKenzie, R.N.

March 5th, 1914.

HOSPITALS AND NURSES.

British Columbia.

Miss Robertson (V.G.H.), superintendent of the Nanaimo General Hospital, has given up her position there, and will spend the following month before her marriage in Vancouver with her sister.

Miss Pauline Rose (N.Y.), who has acted as superintendent of the King's Daughters' Convalescent Home, Vancouver, has accepted the appointment as superintendent of the Nanaimo General Hospital and took up her duties there on April 1st.

Miss Grace Woodward, R.N., graduate of St. John's, Riverside, Yonkers, New York, 1904, has resigned as superintendent of Ladysmith, B.C., General Hospital, and will retire to her home at Burnaby Lake for the summer months.

The new wing, containing ten beds, of Duncan General Hospital has just been opened.

It is announced that an early start will be made on the new Royal Jubilee Hospital, at Victoria, B.C.

The new buildings will be erected on the campus in front of the present buildings.

Manitoba.

Miss C. M. Bowman, whose marriage to Mr. Charles Stanley Bridgman was announced in the February issue, is a graduate of Toronto General Hospital and former superintendent of Hamilton City Hospital. She had been superintendent of Portage la Prairie General Hospital for eight years. Miss Bowman will be greatly missed by the Manitoba Association of Graduate Nurses, as she was one of our most active and interested members. Her experience and long life in the nursing profession made her most valuable in helping to secure legislation for nurses in Manitoba. We have lost one of our best, but we know we shall always have her interest and sympathy. The association wishes her every happiness.

Miss Jessie K. Purvis, graduate of Post Graduate Hospital and R. N., of New York, has been appointed to the position vacated by Miss Bowman.

Miss L. Newcombe, class '11, W.G.H., after spending the winter at Long Beach, California, has returned and is private nursing.

Miss A. L. McLaurin, class '05, W.G.H., and R.N. of New York, has left Fernie, B.C., and is night superintendent at General Hospital, Medicine Hat, Alta.

Miss Johns, class '02, W.G.H., has resigned her position on staff of the Good Samaritan Hospital, Los Angeles, Cal., and has accepted a position in Bellevue Hospital, N.Y.

Miss Jean Ramsay, graduate of Montreal General Hospital, and R.N. of New York, who has filled the position of superintendent of the

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Children's Hospital, Winnipeg, has resigned. Miss Pentland has been appointed to the position vacated by Miss Ramsay.

ONTARIO.

London: The April meeting of the Victoria Hospital Alumnae Association was held on Tuesday evening, 7th inst. A very interesting exhibition of "first aid" was given by the St. John's Ambulance Association, of London. William Loveday is the Honorary Secretary and Treasurer of this Association. The demonstration was very comprehensive, and included "first aid" for fractures, sprains, wounds, bleeding, etc., method of artificial respiration, and for transportation. It was quite interesting to see the young ladies improvise a stretcher out of their coats. Refreshments were served at the close.

The following appointments were made at the last meeting of the board of trustees of Victoria Hospital: Miss Margaret MacIntosh, as head operating room nurse; Miss Barbara Gilchrist, head of the Eye, Ear, Nose and Throat Department; Miss Lydia Whiting, as ward supervisor.

Collingwood: Miss M. Redmond, graduate of Collingwood General & Marine Hospital, class 1900, has resigned her position as superintendent of the Owen Sound Hospital.

Miss J. McDonald went out on her first case of private nursing after leaving the hospital.

The regular monthly meeting of the Alumnae Association was held at the Nurses' Residence, on Thursday, March 26th, but, owing to many of the nurses being busy on out-of-town cases, there was not so large an attendance as usual.

Sister De Sales, of St. Michael's Hospital, Toronto, has been seriously ill with pneumonia, but is now convalescing.

Sister Walberga, of St. Michael's Hospital, was operated on for appendicitis recently, but is now convalescent.

Miss Josie Brick, graduate of St. Michael's Hospital, Toronto, has been home visiting, and spent a few days in Toronto. She returns to Truax, Sask.

Miss Nicol has resigned her position as head nurse at Riverdale Hospital, Toronto, and gone on a holiday trip to Brandon, Man., for a much-needed rest.

A farewell at-home was held at the Nurses' Residence of Grace Hospital, Toronto, on March 12th, for Miss Clara Egleston, who was retiring from active work as housekeeper of the institution after upwards of seventeen years. The reception was well attended by the graduate nurses, staff doctors, and Miss Egleston's friends. The pupil nurses of the school presented her with an amethyst necklace; the graduate nurses, a bag of gold amounting to fifty dollars, and the staff

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doctors, a purse of gold amounting to sixty dollars. While we regret Miss Egleston's departure from our midst, yet we welcome her successor, Miss Elizabeth Rogers, R.N., graduate of Methodist Episcopal Hospital, Brooklyn, N.Y.

The March meeting of the Thunder Bay Graduate Nurses' Association was held at McKellar Nurses' Home, Fort William. An interesting paper on "Dentistry" was given by Dr. O'Neil.

The April meeting was held at St. Joseph's Hospital, Port Arthur. Mrs. Cook, the President, presided. An interesting talk on "Nursing on the Prairies" was given by Misses Shaughnessy and Wishart.

Miss Blackmore, operating-room nurse at the R. M. and G. Hospital, is taking a short rest after an operation (removal of tonsils) and is the guest of Mrs. Cook, Fort William.

Mrs. Harvey has been confined to her home for several weeks, suffering from a sprained ankle.

Miss Spearing has been appointed to the City and School Nursing at Fort William, and Miss Helen Jones as school nurse in Port Arthur.

At the March meeting of the Alumnae Association of the Ottawa General Hospital Dr. C. H. Young delivered a most interesting lecture on Bandaging. After an extensive review of the theoretical branch of his subject, the doctor gave a practical demonstration which was greatly enjoyed by the large number present. A standing vote of thanks was tendered Dr. Young.

Owing to its occurrence during Passion Week, the April meeting of the Alumnae of the O. G. H. was postponed.

The many friends of Miss O'Connor, superintendent of the Ottawa Isolation Hospital, will be pleased to hear of her complete recovery from her recent illness. Miss O'Connor was a patient in the O. G. H. for ten days.

Miss Helen Leyden, graduate of the O. G. H., has returned to Ottawa, after spending the winter in Buckingham, the guest of her cousin.

The Alumnae of the Lady Stanley Institute had charge of the March meeting of the Ottawa Graduate Nurses' Association and provided a pleasant and profitable afternoon for those present. Dr. Warren Lyman's talk on "Serums," and the short musicale, which followed, were greatly enjoyed by all.

A new wing is being added to St. Luke's Hospital, Ottawa, and in consequence the Training School has been enlarged from twenty-eight to forty-eight nurses.

Miss Edith McAlpine, graduate of the T.W.H., class '05, has taken charge of the operating room in the hospital of the North India Women's Missionary College, Ludkiana, North India.

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A very delightful musicale was held at the club on Thursday, April 9th. Everyone enjoyed the lovely music. Miss Chellen, Mrs. Ryan, Miss Dolan, and Mr. Caldwell contributed the musical part of the program, and Miss Theodoa Jackes charmed everyone with her readings.

Plans have been completed for the new General Hospital, Walkerville. The building, when completed, will consist of three wings, but at present only one will be erected, at a cost of about $75,000. This will provide accommodation for fifty beds.

Miss Alice Chapman, Lethbridge, Canada, graduate of the Saffron Walden Hospital, England, post-graduate of Glasgow Maternity Hospital, Scotland; matron of Galt Hospital, Lethbridge, Canada; also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in the Swedish System of Massage, Medical and Orthopaedic Gymnastics, Electro- and Hydro-Therapy, has been engaged to take charge of the hydriatic department of St. Alice Hotel, Harrison Hot Springs, B. C., Canada.

QUEBEC.

On the evening of the 25th March the usual annual dinner given by the Alumnae Association of the R.V.H., Montreal, to the graduating class was held, and was the occasion of a very pleasant reunion, for more of the older graduates, some of the first and second classes of the institution, many of them now married and living at a distance, were able to be present, and added much to the interest and pleasure of the evening. The guests of honor, the class of '14, which graduated on the 2nd of April, numbering twenty-seven, gathered from the far west and east of the Dominion and even from Scotland, in their pretty gowns made a bonnie group of girls, or women, we should say, as they have entered on such a serious work as nursing. Looking on their fresh, bright faces, one could hardly realize that they had just completed a hard three years' course of work and study. The dining-room of the Home and the tables were very prettily decorated with pink tulips and narcissi, and from the centre of the ceiling streamers of pink ribbon fell to the corners of the large table, the rest of the room being filled with small tables, each seating six. The dinner was excellent and the murmur of talk and sound of hearty laughter belied the idea that women's dinners are always dull. The toast to "The King" was proposed by Miss Goodhue, president of the Association; that to the "Governors" by Miss MacKeen; to the "Graduating Class" by Miss Gall, graduate of '13, in a witty speech, responded to by Miss MacCallum. The toast to the "Doctors" was proposed by Miss Barr in a clever, bright speech, most of it in rhyme, and very amusing. Our absent friends were remembered most kindly by Miss Sedgewick and Mrs. Stanley, the latter speaking most feelingly of the loss the

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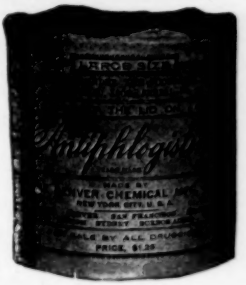

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Association had sustained by the death of Miss Grant, a former president, and also that of Mr. Shaw, secretary-treasurer of the hospital, one who was always ready and willing to do anything in his power for the nurses, and whose death at the beginning of his career they all so deeply mourn. A toast to Miss Hersey, Superintendent of the Training School, was heartily responded to, and an adjournment was made to the sitting rooms, where an hour was spent in music and dancing. The Alumnae Association wished the new graduates "God Speed" and a happy and useful career. During the evening Miss Goodhue made the announcement that a most generous donation of $250,000 had been made to the hospital by Mr. J. K. L. Ross, for the purpose of building a private ward pavilion, to be known as the "Ross Pavilion," in memory of his father, at the time of his death president of the hospital. The good news was received with much enthusiasm and a toast to the donor was heartily responded to.

Miss White, assistant superintendent of the training school, R.V.H., Montreal, who was operated on for appendicitis, has made a very good recovery.

The Montreal General Hospital Alumnae Association held a very successful bazaar in Governors' Hall of the hospital on the afternoon and evening of March 21st, 1914, in aid of the Sick Benefit Fund for Nurses. Miss Livingston formally opened the sale at 3 p.m. The tables were artistically arranged and presided over by the members of the association, who wore the uniform of the school.

Miss Nelson, M.G.H., '09, who has been ill in the hospital for the past three weeks, is convalescent and able to return to her home in Westmount.

Miss Davies, M.G.H., '08, and Miss Forbes, '08, are leaving in June to spend a holiday abroad.

The resignation as registrar of the M.G.H.A.A. Registry by Miss M. V. Young called forth many expressions of appreciation of her work and regret at the loss of a valued friend to the nurses.

Miss Lang, M.G.H., class '12, is leaving April 1st, to take a position in the General Hospital, Wilmington, Delaware, U.S.

On Tuesday morning, March 17th, a fire broke out in the Nurses' Home of Sherbrooke Hospital, Sherbrooke, Que. It progressed so rapidly that the night nurses were rescued with difficulty and the upper rooms were completely gutted before the flames were controlled. The majority of the nurses sustained heavy losses, which were partially covered by insurance. The home is being repaired, and it is hoped that in the course of a few weeks it will be ready for occupation. Fortunately, the new wing of the hospital was habitable and formed a temporary home for the nurses.

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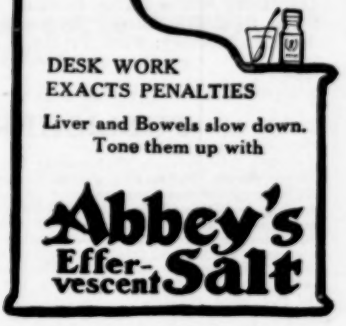

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